



Secretary of State

Kim Wyman



Washington Talking Book & Braille Library

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FAX (206) 615-0437 • wtbbbl@sos.wa.gov • www.wtbbbl.org

Application for Free Library Service

Name _____

C/O _____

(If Applicable)

Address _____

Street (or P.O. Box)

Apt./Room

City

State

ZIP Code

Telephone (_____) _____

Email Address _____

☐ Email me a username/password for the online catalog.

☐ By checking this box, you are indicating to us that you would like us to send you occasional emails notifying you of special events and other opportunities. We honor your privacy and will never sell or otherwise share your information.

Date of birth _____ Please check one: ☐ Female ☐ Male

☐ By law, preference in lending books and equipment is given to veterans. Please check this box if you have been honorably discharged from the armed forces of the United States.

In compliance with RCW 42.56.310, application information is confidential and will be used only in relation to your library service.

Please give the name of a person to contact if you cannot be reached:

Name _____ Telephone (_____) _____

Certification of Eligibility

Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or a professional staff member of a hospital, institution, social welfare agency, or a library certify your eligibility because of one or more of the reasons below. Qualified library users must be residents of the United States.

- ☐ **Blindness.** Visual acuity of 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- ☐ **Visual Impairment.** Inability to read standard printed materials without special aids or devices other than regular glasses.
- ☐ **Physical Disability.** Inability to turn pages or comfortably hold a book for extended periods of time as a result of physical limitations.
- ☐ **Deafness and Blindness.**
- ☐ **Reading Disability.** Reading disability, resulting from organic dysfunction, of sufficient severity to prevent reading of printed material in a normal manner.

Please note: *Federal law (36 CFR 701.10) mandates that only doctors of medicine or osteopathy are allowed to certify cases of reading disability.*

To be completed by certifying authority (as described above)

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.

Certifier Signature

Printed Name

Title and Occupation

Address

City

State

ZIP Code

(_____) _____

Telephone

Date

Books and Equipment

All books and equipment are sent and returned through the mail free of charge. Please select below the services you would like to receive. You may check multiple services.

Talking books:

- ☐ Send me books on digital cartridge and a digital player needed to use them.
- ☐ Contact me with information on downloading digital recorded books.

Send me these optional attachments:

- ☐ Headphones for private listening.
- ☐ A pillow speaker for listening in bed.
- ☐ An application for an amplifier with headphones for the hearing impaired.
- ☐ A breath-activated switch for individuals with limited or no dexterity.

Braille books:

- ☐ Send me braille books.
- ☐ Contact me with information on downloading Web Braille books.

Large-print books:

- ☐ Send me large-print books.

Evergreen Radio Reading Service:

- ☐ Listen online at www.wtbbl.org (high-speed Internet connection required).
- ☐ Send me information on where I may purchase a special radio to receive the over-the-air signal in the Seattle, Spokane, and Tri-Cities listening areas. (The library does not have radios available for loan.)

Equipment policy: Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency. Your cooperation with returning these items in a timely manner is appreciated.

Reading Preferences

Please check the listening/reading levels you prefer:

- ☐ Adult
- ☐ Young Adult/High School
- ☐ Junior High
- ☐ 4th-6th Grade
- ☐ Kindergarten-3rd Grade
- ☐ Preschool

Indicate the types of books you enjoy reading:

Favorite subjects and genres: _____

Favorite authors: _____

Special interests: _____

List any languages, other than English, in which you would like to receive books:

Call the library at any time with special author, title, or subject requests, or if you have questions about your service.

Choose one option for receiving books:

☐ **I wish to have the library select books for me.** The library will send books from the categories you indicated above, or from requests you send us. Each book you send back will automatically be replaced. Expect to receive a call from the library to talk about the kinds of books you would like to receive.

☐ **I wish to receive only books I request.** You will need to call us with lists of requests from our bimonthly catalog of new books or make requests through the online catalog in order for us to replace the books you return. No books will be sent if there are no requests in your file.